

# Concealed Weapon Permit – Renewal Form

\*Must be completed by each person making application:

Resident of Montana/Madison County for at least six (6) months      ☐ Yes      ☐ No

Citizen of the United States      ☐ Yes      ☐ No

Eighteen (18) years of age or older      ☐ Yes      ☐ No

\*This area for use by Madison County Sheriff's Office Only\*

CWP # \_\_\_\_\_  
NICS # \_\_\_\_\_

PLEASE TYPE OR PRINT:

Full Name: \_\_\_\_\_

Last	First	Middle
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Alias/Maiden/Nickname: \_\_\_\_\_

Address – Home: \_\_\_\_\_  
Street City State Zip

- Work: \_\_\_\_\_

Street	City	State	Zip

Phone: \_\_\_\_\_

Home Message Email

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male or Female (circle one)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

HAVE YOU BEEN ARRESTED FOR OR CONVICTED OF A CRIME, OR FOUND GUILTY IN A COURT MARTIAL PROCEEDING: \_\_\_\_ Yes \_\_\_\_ No

IF YES, PLEASE EXPLAIN BELOW (exceptions: minor traffic violations – attach additional sheets, if necessary):

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge. I hereby authorize any person having information concerning me that relates to the information requested by this application, and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the Sheriff or to who this application is made.

Applicant Signature

Date \_\_\_\_\_

This application MUST BE signed in the presence of the Sheriff  
or his designee (406-843-5369).